

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/	/	/	/	/		51			
2	/						52			
3	/	/	/				53			
4	/	/	/				54			
5	/		/	/			55			
6	/		/		/		56			
7	/		/		/		57			
8	/		/		/		58			
9			/		/		59			
10	/						60			
11	/	/	/				61			
12	/	/	/				62			
13			/		/		63			
14			/		/		64			
15			/		/		65			
16			/		/		66			
17			/		/		67			
18			/		/		68			
19			/		/		69			
20			/		/		70			
21			/		/		71			
22			/		/		72			
23			/		/		73			
24			/		/		74			
25			/		/		75			
26			/		/		76			
27			/		/		77			
28			/		/		78			
29			/		/		79			
30			/		/		80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	/		3		9		TOTAL IND.			
TOTAL DEP.	12		24		21		TOTAL DEP.			
TOTAL CLAIMS			27		30		TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS